

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019487

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 215

FILED JUN 3 1963

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1. PLACE OF DEATH

a. COUNTY Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

Jefferson City

c. FULL NAME OF (If NOT in hospital, give location)

St. Mary's Hospital

3. NAME OF DECEASED

(Type or print)

Voorhis

5. SEX

male

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

mechanic

13a. FATHER'S NAME

James T. Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

5/26/63 5:30 p.m.

22. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/29/63

23c. NAME OF CEMETERY OR CREMATORY

Walnut Hill Cemetery

23d. LOCATION (City, town, or county)

Council Bluffs, Iowa

24. FUNERAL DIRECTOR

Freeman Mortuary, Jefferson City, Mo.

25. DATE RECD. BY LOCAL REG.

May 27, 1963

26. REGISTRAR'S SIGNATURE

R.P. Dorris, Eula B. Hadlock, Dep

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Cole

c. CITY OR TOWN Jefferson City, Mo.

Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

124 1/2 East Dunklin

Reside on Farm Yes ☐ No ☒

4. DATE OF DEATH

Month May Day 26 Year 1963

5. SEX

6. COLOR OR RACE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/6/91

9. AGE (last birthday)

72

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Railroad

11. BIRTHPLACE (City and state or country)

Council Bluffs, Iowa

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

James T. Goodwin

13b. MOTHER'S MAIDEN NAME

Ella Schwartz

14. NAME OF HUSBAND OR WIFE

Marie Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

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Hour a.m. p.m.

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20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

5/26/63 5:30 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald R. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.